



Address: _____
(Street) (City) (Zip)

1) _____ New Distance: _____

2) _____ New Distance: _____

3) _____ New Distance: _____

[illegible]

- The inspections and tests that I have performed are appropriate for evaluating whether or not tobacco smoke will enter this facility from the area(s) and proposed lesser distance(s) indicated above, and provide conclusive results.
- All inspections and tests were performed at each area and proposed lesser distance listed above.
- All inspections and tests were performed under all operating conditions or adjusted therefore, including maximum customer loads, weather and prevailing wind patterns.
- Tobacco smoke will not enter the facility from the area(s) and proposed lesser distance(s) listed above, and therefore people inside this facility will not breathe or be exposed to secondhand tobacco smoke resulting from approval of this Variance.

Please return to: Tobacco Prevention and Control Program, Spokane Regional Health District, 1101 W. College Ave., Rm. 401, Spokane, WA 99201, (509) 324-1553.

Table 1. <i>Continued</i>	
Study	Reference
1. <i>Chlamydia</i>	
2. <i>Neisseria meningitidis</i>	
3. <i>Neisseria gonorrhoeae</i>	
4. <i>Streptococcus pneumoniae</i>	
5. <i>Haemophilus influenzae</i>	
6. <i>Legionella pneumophila</i>	
7. <i>Staphylococcus aureus</i>	
8. <i>Staphylococcus epidermidis</i>	
9. <i>Staphylococcus saprophyticus</i>	
10. <i>Staphylococcus sciuri</i>	
11. <i>Staphylococcus carnosus</i>	
12. <i>Staphylococcus epidermidis</i>	
13. <i>Staphylococcus aureus</i>	
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Instructions for completing the Certification Report

Contact Information: Please fill out the top section of the form completely. This form will not be considered complete unless all contact information is included.

Section **A**: Please list all of the areas and proposed lesser distances for which you are submitting this report. It is important to be as clear as possible in your request so that we can make our determination. It is up to the licensed architect or engineer and the applicant to determine the lesser distance at which smoke will not enter the building for each area under normal operating conditions. Please note that these areas and distances must match those listed on the Variance Application, and that all inspections and tests must be conducted from these lesser distances. If more than one door, window that opens, or ventilation intake falls within the lesser distance that is proposed, they must all be listed.

Section **B**: Any inspections and tests that are performed to evaluate whether or not smoke enters the facility from the proposed areas and corresponding lesser distances are at the discretion of the licensed architect or engineer that is signing off on this report based on their expertise. There are, however, requirements for all inspections and tests that are performed:

1. All inspections and tests must be performed at each area and proposed lesser distance listed in Section A.
2. All inspections and tests must be performed under all operating conditions or adjusted therefore, including maximum customer loads, weather, and prevailing wind patterns.

Please give a brief description of the types of inspections and tests that you performed for each area listed, including but not limited to: operating conditions, structures involved, distances that were used, structural or ventilation changes to prevent smoke from entering, and all results. The applicant must provide clear and convincing evidence that smoke will not enter the facility at the lesser distances proposed, and this document will help provide the required evidence.

Certification: Please be sure to read all statements carefully. By signing and stamping this form, you are certifying that all of the statements are true.

License Information: Please fill out this section completely. We must have your signature, license type/number, and seal in order for this report to be considered complete.

More copies of this form can be downloaded from our website at www.srhd.org/health/tobacco.

For more details and requirements, please see the **Variance Application Procedure**.

If you have additional questions, please contact the Tobacco Prevention and Control Program at 324-1553.

Please return the completed Certification Report to:

**Tobacco Prevention and Control Program
Spokane Regional Health District
1101 W. College Ave. Rm. 401
Spokane, WA 99201**